

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020959

STATE FILE NUMBER

Registration District No. 3051 Registrar's No. 73

FILED JUN 14 1963

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0795

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Perryville</u>		c. CITY OR TOWN <u>Biehle</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Perry County Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Perryville R. 7</u>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Anton</u> Last <u>Blechle</u>		4. DATE OF DEATH Month <u>May</u> Day <u>30</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 3, 1870</u>
9. AGE (last birthday) <u>84</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>
11. BIRTHPLACE (City and state or country) <u>Perry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dominic Blechle</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Trapp</u>	
14. NAME OF HUSBAND OR WIFE <u>Albertine Blechle</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Valentine Blechle, Biehle, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>hypertensive + arteriosclerotic</u> DUE TO (b) <u>Cardiovascular Disease</u> DUE TO (c) <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-6 yr.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pyloric obstruction - etiology undetermined</u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8-30</u> a.m. <u>1958</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>8-30-1958</u>		20f. CITY, TOWN, OR LOCATION <u>5-30-1963</u>	
21. I attended the deceased from <u>7:30 P.M.</u> to <u>5-30-1963</u> last saw him alive on <u>5-30-1963</u> Death occurred at <u>7:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>5-31-63</u>	
22a. SIGNATURE <u>J. E. Fairchild, M.D.</u>		22b. ADDRESS <u>Perryville, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-3-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery, Biehle, Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Biehle, Mo.</u>
24. FUNERAL DIRECTOR <u>Albert Wey, Perryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-3-63</u>	26. REGISTRAR'S SIGNATURE <u>Joel J. Zollner</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

**Student** \_\_\_\_\_

**Signature of Student Embalmer**

**Signed.**

Licensed Embalmer No.

**Address**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.